

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PATRIOT VOICES PAC

ADDRESS (number and street)

315 Foxtail Lane

☐ Check if different than previously reported. (ACC)

Spring City

PA

19475

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528307

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☒ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 24 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nadine Maenza

Signature of Treasurer

Nadine Maenza

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PATRIOT VOICES PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		294498.82
(b) Cash on Hand at Beginning of Reporting Period.....	294498.82	
(c) Total Receipts (from Line 19)	268806.11	268806.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	563304.93	563304.93
7. Total Disbursements (from Line 31)	526849.85	526849.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36455.08	36455.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	30058.02	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PATRIOT VOICES PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 06 / 24 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10000.00

10000.00

(ii) Unitemized

1512.00

1512.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11512.00

11512.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

11512.00

11512.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

159.08

159.08

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

257135.03

257135.03

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

268806.11

268806.11

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

268806.11

268806.11

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	36297.62	36297.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36297.62	36297.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	9749.65	9749.65
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	20.00	20.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	20.00	20.00
29. Other Disbursements	480782.58	480782.58
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	526849.85	526849.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	526849.85	526849.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11512.00	11512.00
34. Total Contribution Refunds (from Line 28(d))	20.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11492.00	11492.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	36297.62	36297.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	159.08	159.08
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	36138.54	36138.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. H. H. FROST		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>05 / 15 / 2013</div> </div>	
Mailing Address 11615 VERSAILLES LAKES LANE		Transaction ID : SA11.45288	
City HOUSTON	State TX	Zip Code 77082	Amount of Each Receipt this Period <div> <div>5000.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>5000.00</div> </div>		
Full Name (Last, First, Middle Initial) B. KATHALEEN WALL		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>05 / 15 / 2013</div> </div>	
Mailing Address 11615 VERSAILLES LAKE LANE		Transaction ID : SA11.45287	
City HOUSTON	State TX	Zip Code 77082	Amount of Each Receipt this Period <div> <div>5000.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation VOLUNTEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>5000.00</div> </div>		
Full Name (Last, First, Middle Initial) C.		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period <div> </div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> </div>		
SUBTOTAL of Receipts This Page (optional)..... ▶		<div> <div>10000.00</div> </div>	
TOTAL This Period (last page this line number only)..... ▶		<div> <div>10000.00</div> </div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 75

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINE WAY

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA15.I025

Amount of Each Receipt this Period

159.08

VENDOR REFUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

159.08

159.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 75

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. MR. HENRY M. BUHL

Mailing Address 114 GREENE ST

City
 NEW YORK

State Zip Code
 NY 10012

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : SA11.42795

Amount of Each Receipt this Period

250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. MS. MARGARET COWAN

Mailing Address 85 HELEN ST.

City
 FANWOOD

State Zip Code
 NJ 07023-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 17 / 2013

Transaction ID : SA11.26072

Amount of Each Receipt this Period

350.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. MRS. WILMA M. EDWARDS

Mailing Address P.O. BOX 2948

City
 DEL MAR

State Zip Code
 CA 92014

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 25 / 2013

Transaction ID : SA11.26054

Amount of Each Receipt this Period

200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 75

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MRS. WILMA M. EDWARDS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 2948 City DEL MAR State CA Zip Code 92014 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2013 Transaction ID : SA11.45013 Amount of Each Receipt this Period 100.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT	
B. MRS. WILMA M. EDWARDS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 2948 City DEL MAR State CA Zip Code 92014 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2013 Transaction ID : SA11.45022 Amount of Each Receipt this Period 100.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT	
C. MR. ROBERT D. FISHER Full Name (Last, First, Middle Initial) Mailing Address 727 S FLORIDA AVE City DELAND State FL Zip Code 32720 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2013 Transaction ID : SA11.44416 Amount of Each Receipt this Period 500.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT	
SUBTOTAL of Receipts This Page (optional)..... ▶			700.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 75

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. ROBERT D. FISHER

Mailing Address **727 S FLORIDA AVE**

City State Zip Code
DELAND FL 32720

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 17 / 2013

Transaction ID : SA11.44994

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. H. H. FROST

Mailing Address **11615 VERSAILLES LAKES LANE**

City State Zip Code
HOUSTON TX 77082

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

05 / 15 / 2013

Transaction ID : SA11.45290

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. GARY GATES

Mailing Address **P.O. BOX 457**

City State Zip Code
AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 16 / 2013

Transaction ID : SA11.15615

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 75

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. GARY GATES

Mailing Address P.O. BOX 457

City State Zip Code
AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 16 2013

Transaction ID : SA11.22946

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. GARY GATES

Mailing Address P.O. BOX 457

City State Zip Code
AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 16 2013

Transaction ID : SA11.29312

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. GARY GATES

Mailing Address P.O. BOX 457

City State Zip Code
AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 16 2013

Transaction ID : SA11.33528

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 75

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. GARY GATES

Mailing Address P.O. BOX 457

City State Zip Code
 AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 16 / 2013

Transaction ID : SA11.37560

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. GARY GATES

Mailing Address P.O. BOX 457

City State Zip Code
 AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 16 / 2013

Transaction ID : SA11.39947

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. MS. SHIRLEY HENDERSON

Mailing Address P.O. BOX 787

City State Zip Code
 BEAVERCREEK OR 97004

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2013

Transaction ID : SA11.42734

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 75
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. SHIRLEY HENDERSON Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 787 City BEAVERCREEK State OR Zip Code 97004 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 04 / 2013 Transaction ID : SA11.43457 Amount of Each Receipt this Period 100.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT	
B. MS. SHIRLEY HENDERSON Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 787 City BEAVERCREEK State OR Zip Code 97004 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 03 / 2013 Transaction ID : SA11.44953 Amount of Each Receipt this Period 50.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT	
C. MR. ROLLA R. HINKLE III Full Name (Last, First, Middle Initial) Mailing Address 1213 W 3RD ST City ROSWELL State NM Zip Code 88201 FEC ID number of contributing federal political committee. C Name of Employer HINKLE OIL AND GAS Occupation OWNER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 14 / 2013 Transaction ID : SA11.43210 Amount of Each Receipt this Period 400.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT	
SUBTOTAL of Receipts This Page (optional)..... ▶			550.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 75

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. ROLAND W. HINNERS

Mailing Address 4808 STAGECOACH RD.

City State Zip Code
 ELLENWOOD GA 30294-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2013

Transaction ID : SA11.26071

Amount of Each Receipt this Period

250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. DR. ROBERT S. MARTINO

Mailing Address 22 OAK DR

City State Zip Code
 CHESTERTON IN 46304-1016

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 24 / 2013

Transaction ID : SA11.26058

Amount of Each Receipt this Period

200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. DR. ROBERT S. MARTINO

Mailing Address 22 OAK DR

City State Zip Code
 CHESTERTON IN 46304-1016

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 05 / 2013

Transaction ID : SA11.43462

Amount of Each Receipt this Period

200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 75

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MRS. MARIE D MASTERS			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 22 / 2013</div> </div> Transaction ID : SA11.25911	
Mailing Address P.O. BOX 302			Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
City WEBSTER	State WI	Zip Code 54893-0302	CONTRIBUTION	
FEC ID number of contributing federal political committee. <div>C</div>			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>	CONTRIBUTION	
Full Name (Last, First, Middle Initial) B. MRS. MARIE D MASTERS			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>02 / 14 / 2013</div> </div> Transaction ID : SA11.43247	
Mailing Address P.O. BOX 302			Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
City WEBSTER	State WI	Zip Code 54893-0302	CONTRIBUTION	
FEC ID number of contributing federal political committee. <div>C</div>			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>	CONTRIBUTION	
Full Name (Last, First, Middle Initial) C. MRS. MARIE D MASTERS			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 05 / 2013</div> </div> Transaction ID : SA11.44485	
Mailing Address P.O. BOX 302			Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
City WEBSTER	State WI	Zip Code 54893-0302	CONTRIBUTION	
FEC ID number of contributing federal political committee. <div>C</div>			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>	CONTRIBUTION	
SUBTOTAL of Receipts This Page (optional)..... ▶			<div> <div>250.00</div> </div>	
TOTAL This Period (last page this line number only)..... ▶			<div> <div></div> </div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 75

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. MR JOHN A PERRA

Mailing Address 898 LARSON DR

City

ZUMBROTA

State

MN

Zip Code

55992-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2013

Transaction ID : SA11.25946

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. MR JOHN A PERRA

Mailing Address 898 LARSON DR

City

ZUMBROTA

State

MN

Zip Code

55992-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2013

Transaction ID : SA11.25947

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. MR JOHN A PERRA

Mailing Address 898 LARSON DR

City

ZUMBROTA

State

MN

Zip Code

55992-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2013

Transaction ID : SA11.45004

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

	11a		11b		11c		12		
	13		14		15		16	<input checked="" type="checkbox"/>	17

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

400.00

NON CONTRIBUTION ACCOUNT

Day of the week	Number of people
Monday	100
Tuesday	150
Wednesday	200
Thursday	250
Friday	300
Saturday	350
Sunday	400

NON CONTRIBUTION ACCOUNT

500.00

NON CONTRIBUTION ACCOUNT

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 75

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MS. MARGARET M. RUSKIN

Mailing Address 333 E CARIBBEAN LN

City State Zip Code
 PHOENIX AZ 85022-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2013

Transaction ID : SA11.25638

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MS. MARGARET M. RUSKIN

Mailing Address 333 E CARIBBEAN LN

City State Zip Code
 PHOENIX AZ 85022-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.44409

Amount of Each Receipt this Period

200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. MR. HENRY SCHOLTEN

Mailing Address 7166 WISER SHORE LN

City State Zip Code
 LYNDEN WA 98264-9638

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2013

Transaction ID : SA11.25979

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 75

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. HENRY SCHOLTEN Full Name (Last, First, Middle Initial) Mailing Address 7166 WISER SHORE LN City LYNDEN State WA Zip Code 98264-9638 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2013 Transaction ID : SA11.44734 Amount of Each Receipt this Period 50.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
B. MR. HENRY SCHOLTEN Full Name (Last, First, Middle Initial) Mailing Address 7166 WISER SHORE LN City LYNDEN State WA Zip Code 98264-9638 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2013 Transaction ID : SA11.45006 Amount of Each Receipt this Period 100.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
C. MR. JEFFREY STEINKAMP Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 98 City ROCHESTER State VT Zip Code 05767-0098 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 01 / 10 / 2013 Transaction ID : SA11.26074 Amount of Each Receipt this Period 1000.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)..... ▶		1150.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 75
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. ED TOUNEY Full Name (Last, First, Middle Initial) Mailing Address 1911 N 17TH ST City FORT DODGE State IA Zip Code 50501 FEC ID number of contributing federal political committee. C Name of Employer UNITY POINT HEATHCARE Occupation HAIR STYLIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2013 Transaction ID : SA11.43590 Amount of Each Receipt this Period 50.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
B. MR. ED TOUNEY Full Name (Last, First, Middle Initial) Mailing Address 1911 N 17TH ST City FORT DODGE State IA Zip Code 50501 FEC ID number of contributing federal political committee. C Name of Employer UNITY POINT HEATHCARE Occupation HAIR STYLIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2013 Transaction ID : SA11.44414 Amount of Each Receipt this Period 250.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
C. KATHALEEN WALL Full Name (Last, First, Middle Initial) Mailing Address 11615 VERSAILLES LAKE LANE City HOUSTON State TX Zip Code 77082 FEC ID number of contributing federal political committee. C Name of Employer SELF EMPLOYED Occupation VOLUNTEER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20000.00		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2013 Transaction ID : SA11.45289 Amount of Each Receipt this Period 20000.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)..... ▶		20300.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 75
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MRS. SANDY WATERFIELD Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 447 City CANADIAN State TX Zip Code 79014 FEC ID number of contributing federal political committee. C Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 02 / 07 / 2013 Transaction ID : SA11.43060 Amount of Each Receipt this Period 50.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
B. MRS. SANDY WATERFIELD Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 447 City CANADIAN State TX Zip Code 79014 FEC ID number of contributing federal political committee. C Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2013 Transaction ID : SA11.44415 Amount of Each Receipt this Period 500.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
C. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT Full Name (Last, First, Middle Initial) Mailing Address 315 FOXTAIL LANE City SPRING CITY State PA Zip Code 19475 FEC ID number of contributing federal political committee. C C00528307 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 27500.00		Date of Receipt M M / D D / Y Y Y Y Y 01 / 17 / 2013 Transaction ID : SA11.426921 Amount of Each Receipt this Period 5000.00 PAC LIST EXPENSE NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)..... ▶		5550.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 75
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City State Zip Code
 SPRING CITY PA 19475

FEC ID number of contributing
federal political committee.

C C00528307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

01 / **18** / **2013**

Transaction ID : SA11.426922

Amount of Each Receipt this Period

5000.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City State Zip Code
 SPRING CITY PA 19475

FEC ID number of contributing
federal political committee.

C C00528307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

02 / **13** / **2013**

Transaction ID : SA11.426923

Amount of Each Receipt this Period

5000.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City State Zip Code
 SPRING CITY PA 19475

FEC ID number of contributing
federal political committee.

C C00528307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

03 / **15** / **2013**

Transaction ID : SA11.426924

Amount of Each Receipt this Period

5000.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 75

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT		Date of Receipt M M / D D / Y Y Y Y Y 04 / 16 / 2013 Transaction ID : SA11.426925	
Mailing Address 315 FOXTAIL LANE City SPRING CITY State PA Zip Code 19475		Amount of Each Receipt this Period 2500.00 PAC LIST EXPENSE	
FEC ID number of contributing federal political committee. C C00528307		NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 27500.00	
Full Name (Last, First, Middle Initial) B. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT		Date of Receipt M M / D D / Y Y Y Y Y 05 / 29 / 2013 Transaction ID : SA11.426926	
Mailing Address 315 FOXTAIL LANE City SPRING CITY State PA Zip Code 19475		Amount of Each Receipt this Period 5000.00 PAC LIST EXPENSE	
FEC ID number of contributing federal political committee. C C00528307		NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 27500.00	
Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).....		7500.00	
TOTAL This Period (last page this line number only).....		74500.00	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 75

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 17 2013

Transaction ID : SB21B.I286

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 13 2013

Transaction ID : SB21B.I290

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

C. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 15 2013

Transaction ID : SB21B.I293

Amount of Each Disbursement this Period

6.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

34.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement	PAC FUNDRAISING & MGMT CONSULTING
-------------------------	-----------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District: 00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I296

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	34.00
25-34	32.00
35-44	30.00
45-54	28.00
55-64	26.00
65-74	24.00
75-84	22.00
85+	10.00

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement	PAC FUNDRAISING & MGMT CONSULTING
-------------------------	-----------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District: 00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I298

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City	State	Zip Code
FALLS CHURCH	VA	22043

Purpose of Disbursement	PAC DATABASE SERVICES/CAGING
-------------------------	------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District: 00

Date of Disbursement

Transaction ID : SB21B.I284

Amount of Each Disbursement this Period

477.40

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

547.40

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Age Group	Percentage
18-24	~1.5%
25-34	~1.5%
35-44	~1.5%
45-54	~1.5%
55-64	~1.5%
65-74	6.40%
75-84	~1.5%
85+	~1.5%

State: District: 00

MM / DD / YYYY

Age Group	Percentage
18-24	0.15
25-34	0.25
35-44	0.20
45-54	0.15
55-64	0.10
65-74	0.05
75-84	0.02
85+	0.03

State: District: 00

3.13

State: District: 00

Age Group	Percentage
18-24	10.46
25-34	10.46
35-44	10.46
45-54	10.46
55-64	10.46
65-74	10.46
75-84	10.46
85+	10.46

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. ELAVON MERCHANT SERVICES

Category/
Type

52.00

State: District: 00

B. ELAVON MERCHANT SERVICES

Category/
Type

52.00

State: District: 00

C. ELAVON MERCHANT SERVICES

Category/
Type

52.63

State: District: 00



156.63

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

274.95

B. INTUIT

Transaction ID : SB21B.I309

Age Group	Number of People
13-17	109.98
18-24	~85
25-34	~75
35-44	~65
45-54	~55
55-64	~45
65-74	~35
75-84	~25
85+	~15

C. INTUIT

M M / D D / Y Y Y Y
04 26 2013

Transaction ID : SB21B.I312

109.98

State: District:

494.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 75

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 29 2013

Transaction ID : SB21B.I297

Amount of Each Disbursement this Period

17.69

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 14 2013

Transaction ID : SB21B.I300

Amount of Each Disbursement this Period

586.19

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement
TRAVEL/AIRFARE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
04 02 2013

Transaction ID : SB21B.I294

Amount of Each Disbursement this Period

321.30

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 75

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 02 2013

Transaction ID : SB21B.I302

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 01 2013

Transaction ID : SB21B.I303

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

C. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 01 2013

Transaction ID : SB21B.I307

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 75

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 01 2013

Transaction ID : SB21B.I310

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 01 2013

Transaction ID : SB21B.I313

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2013

Transaction ID : SB21B.I316

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE

City	State	Zip Code
DULLES	VA	20166

Purpose of Disbursement
PAC LIST SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District: 00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.I285

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. US POSTAL SERVICE

Mailing Address 900 BRENTWOOD ROAD, NW

City	State	Zip Code
WASHINGTON	DC	20066

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District: 00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I283

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District: 00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I28600

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5255.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 75

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District: 00

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

Transaction ID : SB21B.I28601

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District: 00

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2013

Transaction ID : SB21B.I28602

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District: 00

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2013

Transaction ID : SB21B.I28603

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 75

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2013

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Category/
Type**Transaction ID : SB21B.I28604**

Amount of Each Disbursement this Period

2500.00

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District: 00		

Full Name (Last, First, Middle Initial)

B. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Category/
Type**Transaction ID : SB21B.I28605**

Amount of Each Disbursement this Period

5000.00

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District: 00		

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
36297.62

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT CURTIS BOSTIC

Mailing Address 834 WAPPOO ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
INKIND CONTRIBUTION:TRAVEL

Candidate Name

Curtis BosticOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼

State: SC District: 01

Special Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2013

Transaction ID : SB23.I275

Amount of Each Disbursement this Period

321.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT CURTIS BOSTIC

Mailing Address 834 WAPPOO ROAD

City CHARLESTON State SC Zip Code 29497

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Curtis BosticOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼

State: SC District: 01

Special Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2013

Transaction ID : SB23.I276

Amount of Each Disbursement this Period

1204.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JASON SMITH FOR CONGRESS

Mailing Address P.O. BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Jason SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼

State: MO District: 08

Special General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

Transaction ID : SB23.I277

Amount of Each Disbursement this Period

11.05

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. JASON SMITH FOR CONGRESS

Mailing Address P.O. BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Jason SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Special General

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2013

Transaction ID : SB23.I280

Amount of Each Disbursement this Period

122.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JASON SMITH FOR CONGRESS

Mailing Address P.O. BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Jason SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Special General

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Transaction ID : SB23.I282

Amount of Each Disbursement this Period

10.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JASON SMITH FOR CONGRESS

Mailing Address P.O. BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
INKIND CONTRIBUTION:TELECONFERENCE SERVICES

Candidate Name

Jason SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Special General

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2013

Transaction ID : SB23.I288

Amount of Each Disbursement this Period

4900.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. QUIN HILLYER FOR CONGRESS

Mailing Address P.O. BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Quin HillyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : SB23.I278

Amount of Each Disbursement this Period

7.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. QUIN HILLYER FOR CONGRESS

Mailing Address P.O. BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Quin HillyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2013

Transaction ID : SB23.I279

Amount of Each Disbursement this Period

122.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. QUIN HILLYER FOR CONGRESS

Mailing Address P.O. BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement
INKIND CONTRIBUTION:TELECONFERENCE SERVICE

Candidate Name

Quin HillyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2013

Transaction ID : SB23.I281

Amount of Each Disbursement this Period

220.24

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

0.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. SHELLY AHLERSMEYER

Date of Disbursement

Transaction ID : SB29.I346

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

NON-CONTRIBUTION ACCOUNT

B. SHELLY AHLERSMEYER

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2013

Transaction ID : SB29.I356

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

NON-CONTRIBUTION ACCOUNT

C. SHELLY AHLERSMEYER

Date of Disbursement

03 / 15 / 2013

Transaction ID : SB29.I362

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....

7500.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2013

Transaction ID : SB29.I366

Amount of Each Disbursement this Period

2500.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : SB29.I371

Amount of Each Disbursement this Period

2500.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I380

Amount of Each Disbursement this Period

2500.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2013

Transaction ID : SB29.I347

Amount of Each Disbursement this Period

4980.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I357

Amount of Each Disbursement this Period

4992.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2013

Transaction ID : SB29.I360

Amount of Each Disbursement this Period

4994.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14966.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : SB29.I372

Amount of Each Disbursement this Period

4965.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I378

Amount of Each Disbursement this Period

4965.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. ACTIVE ENGAGEMENT, LLC

Mailing Address 44084 RIVERSIDE PARKWAY, SUITE 350

City LANSDOWN State VA Zip Code 20176

Purpose of Disbursement
PAC EMAIL COMMUNICATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : SB29.I373

Amount of Each Disbursement this Period

1000.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10930.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Transaction ID : SB29.I324

Amount of Each Disbursement this Period

125.08

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

Transaction ID : SB29.I330

Amount of Each Disbursement this Period

29.78

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : SB29.I333

Amount of Each Disbursement this Period

6.77

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

161.63

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2013

Transaction ID : SB29.I338

Amount of Each Disbursement this Period

2.52

NON-CONTRIBUTION ACCOUNT

B. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2013

Transaction ID : SB29.I341

Amount of Each Disbursement this Period

47.74

NON-CONTRIBUTION ACCOUNT

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2013

Transaction ID : SB29.I318

Amount of Each Disbursement this Period

1850.34

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1900.60

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : SB29.I325

Amount of Each Disbursement this Period

977.01

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2013

Transaction ID : SB29.I331

Amount of Each Disbursement this Period

538.86

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

Transaction ID : SB29.I334

Amount of Each Disbursement this Period

118.72

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1634.59

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2013

Transaction ID : SB29.I336

Amount of Each Disbursement this Period

71.57

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2013

Transaction ID : SB29.I339

Amount of Each Disbursement this Period

314.98

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
NON-FEDERAL EMAIL COMMUNICATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I353

Amount of Each Disbursement this Period

2174.41

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2560.96

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043Purpose of Disbursement
PAC DATABASE SERVICES/CAGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I35333

Amount of Each Disbursement this Period

500.35

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043Purpose of Disbursement
PAC DATABASE SERVICES/CAGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2013

Transaction ID : SB29.I363

Amount of Each Disbursement this Period

249.70

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043Purpose of Disbursement
NON-FEDERAL EMAIL COMMUNICATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I377

Amount of Each Disbursement this Period

1414.38

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2164.43

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COLON & COMPANYMailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2013

Transaction ID : SB29.I345

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. COLON & COMPANYMailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I355

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. COLON & COMPANYMailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2013

Transaction ID : SB29.I361

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COLON & COMPANYMailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2013

Transaction ID : SB29.I367

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

B. COLON & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2013

Transaction ID : SB29.I370

Amount of Each Disbursement this Period

4500.00

NON-CONTRIBUTION ACCOUNT

C. COLON & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I379

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CUCCINELLI FOR GOVERNOR

Mailing Address 10560 MAIN STREET

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2013

Transaction ID : SB29.I343

Amount of Each Disbursement this Period

1414.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CUCCINELLI FOR GOVERNOR

Mailing Address 10560 MAIN STREET

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2013

Transaction ID : SB29.I358

Amount of Each Disbursement this Period

2273.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City	State	Zip Code
ATLANTA	GA	30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2013

Transaction ID : SB29.I342

Amount of Each Disbursement this Period

52.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

52.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

Transaction ID : SB29.I351

Amount of Each Disbursement this Period

52.00

NON-CONTRIBUTION ACCOUNT

B. ELAVON MERCHANT SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : SB29.I359

Amount of Each Disbursement this Period

52.00

NON-CONTRIBUTION ACCOUNT

C. ELAVON MERCHANT SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2013

Transaction ID : SB29.I365

Amount of Each Disbursement this Period

52.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

156.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2013

Transaction ID : SB29.I369

Amount of Each Disbursement this Period

55.98

NON-CONTRIBUTION ACCOUNT

B. ELAVON MERCHANT SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Transaction ID : SB29.I376

Amount of Each Disbursement this Period

55.98

NON-CONTRIBUTION ACCOUNT

C. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2013

Transaction ID : SB29.I320

Amount of Each Disbursement this Period

38.74

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.70

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City	State	Zip Code
AKRON	OH	44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District: 00

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2013

Transaction ID : SB29.I321

Amount of Each Disbursement this Period

235.87

NON-CONTRIBUTION ACCOUNT

B. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City	State	Zip Code
AKRON	OH	44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District: 00

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2013

Transaction ID : SB29.I326

Amount of Each Disbursement this Period

384.46

NON-CONTRIBUTION ACCOUNT

C. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City	State	Zip Code
AKRON	OH	44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District: 00

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2013

Transaction ID : SB29.I332

Amount of Each Disbursement this Period

223.23

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

843.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2013

Transaction ID : SB29.I335

Amount of Each Disbursement this Period

154.23

NON-CONTRIBUTION ACCOUNT

B. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2013

Transaction ID : SB29.I337

Amount of Each Disbursement this Period

197.46

NON-CONTRIBUTION ACCOUNT

C. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I340

Amount of Each Disbursement this Period

205.67

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

557.36

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FOLEY & LARDNERMailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
PAC LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2013

Transaction ID : SB29.I349

Amount of Each Disbursement this Period

1980.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2013

Transaction ID : SB29.I319

Amount of Each Disbursement this Period

96697.79

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2013

Transaction ID : SB29.I322

Amount of Each Disbursement this Period

72507.75

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

171185.54

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City	State	Zip Code
AKRON	OH	44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District: 00

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2013

Transaction ID : SB29.I323

Amount of Each Disbursement this Period

27627.26

NON-CONTRIBUTION ACCOUNT

B. INFOCISION

Full Name (Last, First, Middle Initial)

Mailing Address 325 SPRINGSIDE DRIVE

City	State	Zip Code
AKRON	OH	44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District: 00

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : SB29.I327

Amount of Each Disbursement this Period

49368.02

NON-CONTRIBUTION ACCOUNT

C. INFOCISION

Full Name (Last, First, Middle Initial)

Mailing Address 325 SPRINGSIDE DRIVE

City	State	Zip Code
AKRON	OH	44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District: 00

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2013

Transaction ID : SB29.I328

Amount of Each Disbursement this Period

10151.86

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

87147.14

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Transaction ID : SB29.I329

Amount of Each Disbursement this Period

24507.99

NON-CONTRIBUTION ACCOUNT

B. KOCH & HOOS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I354

Amount of Each Disbursement this Period

7313.39

NON-CONTRIBUTION ACCOUNT

C. KOCH & HOOS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2013

Transaction ID : SB29.I364

Amount of Each Disbursement this Period

5185.44

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37006.82

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2013

Transaction ID : SB29.I374

Amount of Each Disbursement this Period

4571.44

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I381

Amount of Each Disbursement this Period

3913.81

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement
DONATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2013

Transaction ID : SB29.I344

Amount of Each Disbursement this Period

90000.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

98485.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2013

Transaction ID : SB29.I350

Amount of Each Disbursement this Period

8.50

NON-CONTRIBUTION ACCOUNT

B. PNC BANK

Full Name (Last, First, Middle Initial)

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2013

Transaction ID : SB29.I368

Amount of Each Disbursement this Period

25.00

NON-CONTRIBUTION ACCOUNT

C. PNC BANK

Full Name (Last, First, Middle Initial)

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Transaction ID : SB29.I375

Amount of Each Disbursement this Period

9.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

42.50

--

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 75

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. THE COLONY PALM BEACH

Mailing Address 155 HAMMON AVENUE

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement
PAC CATERING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2013

Transaction ID : SB29.I352

Amount of Each Disbursement this Period

1245.50

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. US POSTAL SERVICE

Mailing Address 1100 WYTHE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 30 / 2013

Transaction ID : SB29.I348

Amount of Each Disbursement this Period

92.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1337.50

480782.58

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 63 OF 75

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FOLEY LARDNER LLPNature of Debt (Purpose):
LEGAL SERVICESMailing Address 3000 K Street, NW
SUITE 600City State Zip Code
Wshington DC 20007

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.605

Amount Incurred This Period

720.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

720.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STRATEGY GROUP FOR PHONES, LLCNature of Debt (Purpose):
TELECONFERENCE SERVICES

Mailing Address 7669 STAGERS LOOP

City State Zip Code
DELAWARE OH 43015

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.606

Amount Incurred This Period

4900.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DirectNature of Debt (Purpose):
IE DIRECT MAILMailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450City State Zip Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

1401.86

Transaction ID : SD10.600

Amount Incurred This Period

-1401.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5620.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 64 OF 75

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DirectNature of Debt (Purpose):
IE DIRECT MAILMailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450City State Zip Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.601

Amount Incurred This Period

20377.27

Payment This Period

0.00

Outstanding Balance at Close of This Period

20377.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CMDINature of Debt (Purpose):
EMAIL COMMUNICATION/DATABASE
SERVICESMailing Address 1593 SPRING HILL ROAD
SUITE 400City State Zip Code
TYSONS CORNER VA 22184

Outstanding Balance Beginning This Period

358.22

Transaction ID : SD10.602

Amount Incurred This Period

4060.75

Payment This Period

358.22

Outstanding Balance at Close of This Period

4060.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INFOCISION MANAGEMENT CORPNature of Debt (Purpose):
IE TELEPHONE COMMUNICATION

Mailing Address 325 SPRINGSIDE DRIVE

City State Zip Code
AKRON OH 44333

Outstanding Balance Beginning This Period

9749.65

Transaction ID : SD10.603

Amount Incurred This Period

0.00

Payment This Period

9749.65

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

24438.02

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 65 OF 75

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INFOCISION MANAGEMENT CORPNature of Debt (Purpose):
PAC TELEMARKETING

Mailing Address 325 SPRINGSIDE DRIVE

City State

Zip Code

AKRON

OH

44333

Outstanding Balance Beginning This Period

96697.75

Transaction ID : SD10.604

Amount Incurred This Period

0.00

Payment This Period

96697.75

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

30058.02

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

30058.02

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 75
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION NON-CONTRIBUTION ACCOUNT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>		
Mailing Address 325 SPRING DRIVE			Amount <div style="border: 1px solid black; padding: 2px;"> 4874.83 </div>		
City AKRON	State OH	Zip Code 44333	Transaction ID : SB24.I050 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 09 / 2013 </div>		
Purpose of Expenditure 10/24/12 TELEMARKETING		Category/ Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Name of Federal Candidate Mitt Romney			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"> 52902.24 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2012 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee INFOCISION NON-CONTRIBUTION ACCOUNT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>		
Mailing Address 325 SPRING DRIVE			Amount <div style="border: 1px solid black; padding: 2px;"> 4874.82 </div>		
City AKRON	State OH	Zip Code 44333	Transaction ID : SB24.I051 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 09 / 2013 </div>		
Purpose of Expenditure 10/24/12 TELEMARKETING		Category/ Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Name of Federal Candidate Barack Obama			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"> 52902.24 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2012 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 9749.65 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenz

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 03 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 67 OF 75
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ C C00528307	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee CMDI [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount 7.99	
City TYSONS CORNER	State VA	Zip Code 22184	Transaction ID : SB24.I053
Purpose of Expenditure EMAIL COMMUNICATION		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 26 / 2013
Name of Federal Candidate Curits Bostic		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 23.92		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff	
Full Name of Payee CMDI [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount 7.97	
City TYSONS CORNER	State VA	Zip Code 22184	Transaction ID : SB24.I052
Purpose of Expenditure EMAIL COMMUNICATION		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2013
Name of Federal Candidate Curtis Bostic		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 23.92		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Nadine Maenza		Date M M / D D / Y Y Y Y Y Y 07 / 03 / 2013	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 68 OF 75
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00528307</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee CMDI [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.96</div>	
City TYSONS CORNER	State VA	Zip Code 22184	Transaction ID : SB24.I054 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure EMAIL COMMUNICATION		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013</div>
Name of Federal Candidate Curtis Bostic		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff	
Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1698.11</div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I055 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure DIRECT MAIL		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013</div>
Name of Federal Candidate Mark Begich		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Nadine Maenza		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 07 / 03 / 2013	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 75
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00528307 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1698.11 </div>	
City State Zip Code HERNDON VA 20171		Transaction ID : SB24.I056 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 06 / 12 / 2013 </div>	
Purpose of Expenditure DIRECT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Dick Durbin		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IL</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1698.11 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	
Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1698.11 </div>	
City State Zip Code HERNDON VA 20171		Transaction ID : SB24.I057 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 06 / 12 / 2013 </div>	
Purpose of Expenditure DIRECT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Al Franken		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MN</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1698.11 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ►		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ►		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(c) TOTAL Independent Expenditures..... ►		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____ Nadine Maenza		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 03 / 2013 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 70 OF 75
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00528307</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1698.11</div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I058 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure DIRECT MAIL		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013</div>
Name of Federal Candidate Mark Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1698.11</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1698.11</div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I059 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure DIRECT MAIL		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013</div>
Name of Federal Candidate Jeff Reed		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1698.11</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Nadine Maenza		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 75
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ C C00528307	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	

Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1698.11 </div> </div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I060
Purpose of Expenditure DIRECT MAIL	Category/Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1698.11 </div> </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1698.11 </div> </div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I061
Purpose of Expenditure DIRECT MAIL	Category/Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Name of Federal Candidate Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1698.11 </div> </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 0.00 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 72 OF 75
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ C C00528307
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount 1698.10
City HERNDON	State VA	Zip Code 20171
Purpose of Expenditure DIRECT MAIL	Category/Type	Transaction ID : SB24.I062 Date of Disbursement or Obligation MM / DD / YYYY 06 / 12 / 2013
Name of Federal Candidate Mary Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount 1698.10
City HERNDON	State VA	Zip Code 20171
Purpose of Expenditure DIRECT MAIL	Category/Type	Transaction ID : SB24.I063 Date of Disbursement or Obligation MM / DD / YYYY 06 / 12 / 2013
Name of Federal Candidate Jeff Merkley	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Date

MM / DD / YYYY
07 / 03 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 73 OF 75
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ C C00528307	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount 1698.10	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I064
Purpose of Expenditure DIRECT MAIL	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 12 / 2013	
Name of Federal Candidate Mark Udall		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount 1698.10	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I065
Purpose of Expenditure DIRECT MAIL	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 12 / 2013	
Name of Federal Candidate Tom Udall		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Nadine Maenza		Date M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2013	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 74 OF 75
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ C C00528307
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount 1698.10
City HERNDON	State VA	Zip Code 20171
Purpose of Expenditure DIRECT MAIL	Category/Type	Transaction ID : SB24.I066 Date of Disbursement or Obligation MM / DD / YYYY 06 / 12 / 2013
Name of Federal Candidate Mark Warner	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 1698.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee HSP DIRECT [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount -1401.86
City HERNDON	State VA	Zip Code 20171
Purpose of Expenditure 10/12/12 DIRECT MAIL	Category/Type	Transaction ID : SB24.I067 Date of Disbursement or Obligation MM / DD / YYYY 06 / 24 / 2013
Name of Federal Candidate Barack Obama	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 52902.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9749.65

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Date

MM / DD / YYYY
07 / 03 / 2013

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SB24.1067

The Independent Expenditure to HSP Direct on 10/12/12 for direct mail in opposition to Barack Obama was orginally estimated to cost \$28,681.13 and was disclosed on the 2012 Pre-General report. The actual cost was \$27,279.27. Schedule E of this report has been reduced accordingly by \$1,401.86

Form/Schedule:

Transaction ID: